

## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

**Substitute for Form PTO-1360  
(For use with Form PTO/SB/06)**

**Application Number**

**Filing Date**

10579110

Applicant(s) Giuseppe Quarini

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	*	*	*
	Indep	Depend	Indep	Depend	Indep	Depend			Indep	Depend	Indep
1	1		1				51				
2		1		1			52				
3		1		1			53				
4		3		1			54				
5		3		1			55				
6		(1)		1			56				
7		(1)		1			57				
8		(1)		1			58				
9		(1)		1			59				
10		(1)		1			60				
11		(1)		1			61				
12		(1)		1			62				
13		(1)		1			63				
14	1		1				64				
15		1		1			65				
16		1		1			66				
17		3		1			67				
18		(1)		1			68				
19		(1)		1			69				
20		(1)		1			70				
21		3		1			71				
22		(1)		1			72				
23		(1)		1			73				
24		(1)		1			74				
25		(1)		1			75				
26		(1)		1			76				
27		(1)		1			77				
28		(1)		1			78				
29		(1)		1			79				
30		(1)		1			80				
31		(1)		1			81				
32		(1)		1			82				
33		(1)		1			83				
34		(1)		1			84				
35							85				
36							86				
37							87				
38							88				
39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
Total Indep	2		2		0						
Total Depend	40	←	32	←	0	←					
Total Claims	42	██████	34	██████	0	██████					